FILED 2006 FOR PROFIT CORPORATION Feb 20, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # 568858** 1. Entity Name SPACEWALL, INC. Principal Place of Business Mailing Address 4509 STONEGATE INDUSTRIAL BLVD 4509 STONEGATE INDUSTRIAL BLVD STONE MOUNTAIN, GA 30083 STONE MOUNTAIN, GA 30083 US 01052008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1819412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and alle if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE JOHNSON, HUGH L JR NAME STREET ADDRESS 4509 STONEGATE INDUSTRIAL BLVD CITY-ST-ZIP STONE MOUNTAIN, GA 30083 03/01/06-80031-024 150.00 TITLE NAME STREET ADDRESS CHY-ST-ZIP NAUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 7177£ IN THIS SPACE SIRELY ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver at trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingst with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06 251-980-244